



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER - Governor
RICHARD M. ARMSTRONG - Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

March 27, 2008

Cynthia Peterson, Administrator
Spring Creek Manor - Soda Springs
425 Spring Creek Dr
Soda Springs, ID 83276

License #: RC-491

Dear Mr. Peterson:

On February 26, 2008, a State Licensure survey was conducted at Spring Creek Manor - Soda Springs. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Rachel Corey, RN, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

RACHEL COREY, RN
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

RC/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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March 4, 2008

Cynthia Peterson, Administrator
Spring Creek Manor - Soda Springs
425 Spring Creek Dr
Soda Springs, ID 83276

Dear Ms. Peterson:

On February 26, 2008, a State Licensure survey was conducted at Spring Creek Manor - Soda Springs. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 28, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jamie Simpson".

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2008
NAME OF PROVIDER OR SUPPLIER SPRING CREEK MANOR - SODA SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 425 SPRING CREEK DR SODA SPRINGS, ID 83276		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted at your facility. The surveyors conducting the survey were:</p> <p>Rachel Corey, R.N. Team Coordinator Health Facility Surveyor</p> <p>Polly Watt-Geier, MSW Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Spring Creek Manor Soda Springs	Physical Address 425 Spring Creek Drive	Phone Number 547-0257
Administrator Cindy Peterson	City Soda Springs	ZIP Code 83276
Survey Team Leader Rachel Corey	Survey Type Standard	Survey Date 2/28/08

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	305.02	All over the counter medications were not available as ordered by the physician (ie standing orders). Resident #4's Oxygen order was not congruent with the MAR. Resident #1 did not have clear oxygen orders from the physician providing concrete parameters.	3/25/08	
2	305.04	The facility R.N did not make recommendations to the administrator regarding health needs requiring follow-up.	3/25/08	
3	310.01	The facility did not have a variance for bulk over-the-counter medications.	3/28/08	

Response Required Date 3/28/08	Signature of Facility Representative 	Date Signed 2/25/08
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